



810 UTILIZATION MANAGEMENT OVERVIEW

REVISION DATES: 03/01/09, 10/01/08, 01/01/05, 05/01/04, 10/01/01, 10/01/98, 03/14/97

INITIAL

EFFECTIVE DATE: 10/01/1994

Utilization management (UM), often referred to as utilization review, is a methodology used by health care professionals for assessing the medical necessity, appropriateness and cost-effectiveness of professional care, services, procedures and facilities.

UM methodologies include, but are not limited to:

1. Prior authorization (does not apply to emergency services)
2. Concurrent review, and/or
3. Medical claims review (retrospective review).

A. PRIOR AUTHORIZATION

Description. Prior authorization (PA) is a process by which the AHCCCS Division of Fee-for-Service Management (DFSMS) determines in advance whether a service that requires prior approval will be covered, based on the initial information received. PA may be granted provisionally (as a temporary authorization) pending the receipt of required documentation to substantiate compliance with AHCCCS criteria. PA does not guarantee payment. Reimbursement is based on the accuracy of the information received with the original PA, on whether or not the service is substantiated through concurrent and/or medical review, and on whether the claim meets claims submission requirements.

PA is issued for AHCCCS covered services within certain limitations, based on the following:

1. The member's AHCCCS eligibility at time of PA request, as confirmed through on-line verification
2. Provider status as an AHCCCS-registered FFS provider
3. The service requested is an AHCCCS covered service requiring PA



4. Information received by the AHCCCS/DFSM PA Unit meets the requirements for issuing a PA number, and
5. The service requested is not covered by another payer (e.g., commercial insurance, Medicare, other agency). NOTE: This is determined by asking the provider, and looking into the member's file for other payer information.

Amount, Duration and Scope. PA must be obtained during regular business hours. For services provided on weekends or state holidays, authorization must be obtained on the next business day, but the attending physician should carefully determine the level of service required.

The general procedures for obtaining a PA number prior to providing an AHCCCS covered service are listed below. Providers may call, fax or mail the PA request to the AHCCCS/DFSM/PA Unit as specified below.

1. Providers must:

a. Call

1-602-417-4400 (Phoenix area direct line to the PA Unit)

1-800-433-0425 (In state direct line into the PA Unit)

1-800-654-8713 (In state line to AHCCCS switchboard; dial extension 74400 or ask for the PA Unit)

1-800-523-0231 (Out of state line to AHCCCS switchboard; dial extension 74400 or ask for the PA Unit)

1-602-417-4000 (Phoenix area AHCCCS switchboard and dial extension 74400 or ask for the PA Unit)

b. Fax Numbers

PA-(602) 256-6591

Transportation-(602) 417-4687